

<i>SERFF Tracking Number:</i>	<i>CNLC-125880764</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CANAL INSURANCE COMPANY</i>	<i>State Tracking Number:</i>	<i>EFT \$160</i>
<i>Company Tracking Number:</i>	<i>CNLC-125880764</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>October Forms Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: CANAL INSURANCE COMPANY

Product Name: October Forms Filing

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

SERFF Tr Num: CNLC-125880764 State: Arkansas

SERFF Status: Closed

Co Tr Num: CNLC-125880764

State Tr Num: EFT \$160

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Allison Diaz

Date Submitted: 10/30/2008

Disposition Date: 10/30/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 10/30/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
10/30/2008

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/30/2008

State Status Changed: 10/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are filing these forms for your review and approval. Since our new forms implementation in 2006, we have discovered the need for new forms as well as revisions of existing forms. The attached Filing Memorandum will provide you with the description of changes and any other information you may need. Rates and rules currently on file will continue to apply and are not affected by these forms.

SERFF Tracking Number:	CNLC-125880764	State:	Arkansas
Filing Company:	CANAL INSURANCE COMPANY	State Tracking Number:	EFT \$160
Company Tracking Number:	CNLC-125880764		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	October Forms Filing		
Project Name/Number:	/		

Company and Contact

Filing Contact Information

Allison Diaz, Associate Compliance Analyst allison.diaz@canal-ins.com
 PO Box 7 (864) 242-5365 [Phone]
 Greenville, SC 29602

Filing Company Information

CANAL INSURANCE COMPANY	CoCode: 10464	State of Domicile: South Carolina
400 EAST STONE AVENUE	Group Code: 262	Company Type: PROPERTY & CASUALTY
PO BOX 7		
GREENVILLE, SC 29690	Group Name: CANAL GROUP	State ID Number:
(864) 242-5365 ext. [Phone]	FEIN Number: 57-0133332	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$160.00
Retaliatory?	No
Fee Explanation:	\$40 for each policy form or endorsement filed x 4 = \$160
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CANAL INSURANCE COMPANY	\$160.00	10/30/2008	23585629

<i>SERFF Tracking Number:</i>	<i>CNLC-125880764</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CANAL INSURANCE COMPANY</i>	<i>State Tracking Number:</i>	<i>EFT \$160</i>
<i>Company Tracking Number:</i>	<i>CNLC-125880764</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>October Forms Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/30/2008	10/30/2008

SERFF Tracking Number: CNLC-125880764

State: Arkansas

Filing Company: CANAL INSURANCE COMPANY

State Tracking Number: EFT \$160

Company Tracking Number: CNLC-125880764

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

Product Name: October Forms Filing

Project Name/Number: /

Disposition

Disposition Date: 10/30/2008

Effective Date (New): 10/30/2008

Effective Date (Renewal): 10/30/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNLC-125880764 State: Arkansas
 Filing Company: CANAL INSURANCE COMPANY State Tracking Number: EFT \$160
 Company Tracking Number: CNLC-125880764
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
 Product Name: October Forms Filing
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Change of Vehicle Endorsement	Approved	Yes
Form	Designated Insured (With Notice of Cancellation)	Approved	Yes
Form	Exclusion of Theft, Conversion, Secretion or Embezzlement	Approved	Yes
Form	Designated Insured	Approved	Yes

SERFF Tracking Number: CNLC-125880764 State: Arkansas
 Filing Company: CANAL INSURANCE COMPANY State Tracking Number: EFT \$160
 Company Tracking Number: CNLC-125880764
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
 Product Name: October Forms Filing
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Change of Vehicle Endorsement	IA 16 CW 0708		Endorsement/Amendment/Conditions	Replaced Form #:0.00 IA 16 CW 0906 Previous Filing #: CNLC-125589489		IA 16 CW 0708 -- Change of Vehicle End.pdf
Approved	Designated Insured (With Notice of Cancellation)	IA 118 CW 0908		Endorsement/Amendment/Conditions		0.00	IA 118 CW 0908 -- Designated Insured with Notice of Cancellation.pdf
Approved	Exclusion of Theft, Conversion, Secretion or Embezzlement	IA 119 CW 0908		Endorsement/Amendment/Conditions		0.00	IA 119 CW 0908 -- Theft Exclusion.pdf
Approved	Designated Insured	IA 121 CW 0908		Endorsement/Amendment/Conditions		0.00	IA 121 CW 0908 -- Designated Insured.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO COVERAGE FORM DECLARATIONS CHANGES

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED: COMMERCIAL AUTOMOBILE COVERAGE PART		

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	ANNUAL PREMIUM	END'T PREMIUM
LIABILITY		\$	\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$	\$
AUTO MEDICAL PAYMENTS		\$	\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$	\$
UNINSURED MOTORISTS		\$	\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
TRAILER INTERCHANGE FOR <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED CAUSES OF LOSS <input type="checkbox"/> COLLISION		ACTUAL CASH VALUE, COST OF REPAIR OR \$ _____ WHICHEVER IS LESS, MINUS \$1,000 DED. FOR EACH COVERED "TRAILER".	\$	\$
			TOTAL PREMIUM FOR CHANGE(S)	\$
				\$
				\$
				\$

See attached form **IL 03 CW** for a list of forms applicable to the Commercial Automobile Coverage Part.

*This policy may be subject to final audit.

POLICY NUMBER:

Endorsement Types		A = ADD	C = CHANGE		D = DELETE
DESCRIPTION			RADIUS	TERRITORY	
End't Type	Covered Auto No.	Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN)	Radius Of Operation	Town & State Where The Covered Auto Will Be Principally Garaged	

CLASSIFICATION				
End't Type	Covered Auto No.	Business Class	Description of Cargo	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.

COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
LIABILITY				PERSONAL INJURY PROTECTION			
End't Type	Covered Auto No.	Limit	Annual Premium	Endorsement Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Annual Premium	Endorsement Premium
Total Premium			\$				\$

COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
ADDED P.I.P.				PROPERTY PROTECTION (Michigan Only)		
End't Type	Covered Auto No.	Limit Stated In Each Added P.I.P. End. Annual Premium	Endorsement Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Annual Premium	Endorsement Premium
Total Premium			\$			\$

COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
AUTO MEDICAL PAYMENTS				MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)			
End't Type	Covered Auto No.	Limit	Annual Premium	End't Premium	Limit Stated In Each Medical Expense And Income Loss Endorsement For Each Person	Annual Premium	End't Premium
Total Premium			\$				\$

COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
<input type="checkbox"/> SPECIFIED CAUSES OF LOSS				<input type="checkbox"/> COMPREHENSIVE			COLLISION	
End't Type	Covered Auto No.	<input type="checkbox"/> OCN <input type="checkbox"/> Stated Value	Deductible	Annual Premium	End't Premium	Deductible	Annual Premium	End't Premium
Total Premium					\$			\$

 Authorized Representative Signature

CANAL

Greenville, SC

POLICY NUMBER:

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED (WITH NOTICE OF CANCELLATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:
Named Insured:

SCHEDULE

Name of Person(s) or Organization(s):	Premium: \$
---------------------------------------	----------------

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

If "you" or "we" cancel the policy, we will give notice of cancellation to the person(s) or organization(s) named in the Schedule above as allowed by the CANCELLATION Common Policy Condition.

CANAL

Greenville, SC

POLICY NUMBER:

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF THEFT, CONVERSION, SECRETION OR EMBEZZLEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:
Named Insured:

SECTION III – PHYSICAL DAMAGE COVERAGE

PARAGRAPH B. EXCLUSIONS is modified as follows:

Exclusion 6 is added:

Under the Comprehensive and Specified Causes of Loss Coverages, we will not pay for "loss" to a covered "auto" due to theft, conversion, secretion or embezzlement by you, or anyone else while using with your permission a covered "auto".

In addition, under the Comprehensive and Specified Causes of Loss Coverages, we will not pay for "loss" to a covered "auto" due to theft, conversion, secretion or embezzlement by anyone in possession of a covered "auto" while under a bailment, lease, conditional sale, purchase agreement, mortgage or other encumbrance.

CANAL

Greenville, SC

POLICY NUMBER:

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:
Named Insured:

SCHEDULE

Name of Person(s) or Organization(s):	Premium:
	\$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

<i>SERFF Tracking Number:</i>	<i>CNLC-125880764</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CANAL INSURANCE COMPANY</i>	<i>State Tracking Number:</i>	<i>EFT \$160</i>
<i>Company Tracking Number:</i>	<i>CNLC-125880764</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>October Forms Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNLC-125880764 State: Arkansas
Filing Company: CANAL INSURANCE COMPANY State Tracking Number: EFT \$160
Company Tracking Number: CNLC-125880764
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: October Forms Filing
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/30/2008

Comments:

Attachment:

PCTD - October 2008 Forms Filing - Arkansas.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 10/30/2008

Comments:

Attachment:

AR Forms Filing Memorandum - 10-2008 Forms Filing.pdf

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name**Group NAIC #****4. Company Name(s)****Domicile****NAIC #****FEIN #****State #**

Canal Insurance Company

SC

10464

57-33332

5. Company Tracking Number

CNLC-125880764

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**6. Name and address****Title****Telephone #s****FAX #****e-mail**

Allison Diaz

Associate
Compliance Analyst

800-868-7538

864-679-2527

allison.diaz@canal-ins.com

7. Signature of authorized filer

Allison Diaz

Digitally signed by Allison Diaz
DN: CN = Allison Diaz, C = US, O = Canal, OU = Compliance
Date: 2008.10.30 11:59:49 -04'00'

8. Please print name of authorized filer

Allison Diaz

Filing information (see General Instructions for descriptions of these fields)**9. Type of Insurance (TOI)**

20.0 Commercial Auto

10. Sub-Type of Insurance (Sub-TOI)

20.0004 Truckers

11. State Specific Product code(s)(if applicable)[See State Specific Requirements]**12. Company Program Title** (Marketing title)**13. Filing Type**
☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules
☒ Forms ☐ Combination Rates/Rules/Forms
☐ Withdrawal ☐ Other (give description)
14. Effective Date(s) Requested

New: On Approval

Renewal: On Approval

15. Reference Filing?☐ Yes ☒ No**16. Reference Organization** (if applicable)**17. Reference Organization # & Title****18. Company's Date of Filing****19. Status of filing in domicile**☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # CNLC-125880764

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We are filing these forms for your review and approval. Since our new forms implementation in 2006, we have discovered the need for new forms as well as revisions of existing forms. The attached Filing Memorandum will provide you with the description of changes and any other information you may need. Rates and rules currently on file will continue to apply and are not affected by these forms.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: N/A

Amount: 160.00

Submitted via EFT

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CNLC-125880764
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Change of Vehicle Endorsement	IA 16 CW 0708	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 16 CW 0906	CNLC-125589489
02	Designated Insured (With Notice of Cancellation)	IA 118 CW 0908	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Exclusion of Theft, Conversion, Secretion or Embezzlement	IA 119 CW 0908	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Designated Insured	IA 121 CW 0908	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

FILING MEMORANDUM

The following is a list of forms and endorsements that are being submitted as part of the October 2008 Forms Filing. This list includes the action we are taking in regard to these forms and a synopsis of the changes made. This list also includes any new and/or independent forms that we are also submitting for approval.

Currently Filed or New Form #	Title of Form	Status – New Withdrawn, or Replaced By #	Form Synopsis
IA 16 CW 0708	Change of Vehicle Endorsement	IA 16 CW 0906	This form has been condensed from 4 pages to 2 pages. We have reprogrammed our system to function differently when there are multiple changes to the vehicles on the policy; therefore we no longer need the extra pages.
IA 118 CW 0908	Designated Insured (With Notice of Cancellation)	New	This form is a revision of the ISO form CA 20 48 02 99, but has an additional paragraph at the end regarding cancellation.
IA 119 CW 0908	Exclusion of Theft, Conversion, Secretion or Embezzlement	New	This endorsement states that under the Comprehensive and Specified Causes of Loss Coverages, we will not pay for loss to a covered auto due to theft, conversion, secretion or embezzlement.
IA 121 CW 0908	Designated Insured	New	This form replaces ISO form CA 20 48 02 99; under the Schedule information, we have added a box to show premium. None of the coverage content from the ISO form was changed.